



STATE OF ALABAMA DEPARTMENT OF  
**PUBLIC HEALTH**

Scott Harris, MD, FACP, FIDSA  
State Health Officer

**I certify that I have completed the course: General Neurology and Epilepsy  
Refresher Video Training for ADPH Nurses.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print this form and a copy of your official transcript for your records.

\*This copy is for your personal records only.